

Entity Name	Claim Billed Amount	Estimated Expected Reimbursement	Estimated Amount Due	TTL Insurance Payments	Estimated Patient Copay, Deductible, Co-Insurance	# of Accts
Highmark West Virginia Inc.	\$ 169,833.42	\$ 42,458.36	\$ 3,917.05	\$ 38,541.31	\$ -	1

No R&C or U&C

Facility Name	Account Number	Patient Initials/Name	Service Date	Discharge Date	Entity Name - Legal	Total Insurance		Group Number	Group Name	Policy Number	Payer Claim ID 1	Estimated Patient Copay, Deductible,	Claim Billed Amount	Estimated Expected Reimbursement	Estimated Amount		OON Benefit Methodology
						Payments						Co-Insurance			Due		
Mid-Cities		REDACTED			Highmark West Virginia Inc.	\$ 38,541.31		REDACTED	APUS	REDACTED	REDACTED	\$ -	\$ 169,833.42	\$ 42,458.36	\$ 3,917.05		Other